

CITY OF LINCOLN
2006-2007 HEALTH, DENTAL, AND VISION MONTHLY RATES
EFFECTIVE NOVEMBER 1, 2006
EMPLOYEES REPRESENTED BY LCEA, M, E

COVENTRY

| | <u>SINGLE</u> | <u>2/4-PARTY</u> | <u>FAMILY</u> |
|-----------------|-----------------|------------------|-------------------|
| Full Rate | \$436.00 | \$967.94 | \$1,281.84 |
| City Share | <u>\$414.20</u> | <u>\$813.08</u> | <u>\$1,076.76</u> |
| Employee Share* | \$ 21.80 | \$154.86 | \$ 205.08 |

AMERITAS DENTAL

| | <u>SINGLE</u> | <u>2/4-PARTY</u> | <u>FAMILY</u> |
|-----------------|-----------------|------------------|-----------------|
| Full Rate | \$ 27.46 | \$ 54.62 | \$ 81.78 |
| City Share | <u>\$ 20.60</u> | <u>\$ 36.87</u> | <u>\$ 55.20</u> |
| Employee Share* | \$ 6.86 | \$ 17.75 | \$ 26.58 |

EYEMED VISION CARE

| | <u>SINGLE</u> | <u>2-PARTY</u> | <u>4-PARTY</u> | <u>FAMILY</u> |
|----------------|---------------|----------------|----------------|---------------|
| Employee Share | \$ 9.16 | \$ 17.40 | \$ 18.32 | \$ 27.28 |

There are four enrollment options available for health, dental, and vision coverage. They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

*Must complete 90 days of employment before employee is eligible for City contribution.